

D.C. Court of Appeals Appellate Mediation Program  
**CONFIDENTIAL MEDIATION STATEMENT**

**Send this form and attachments ONLY to the Appellate Mediation Project, c/o Multi-Door Dispute Resolution Division, JM Annex, 500 Indiana Avenue, N.W., Washington, D.C. 20001.**

You may also download an electronic copy of this form at the D.C. Court's web site:

<http://www.dcappeals.gov>

**DO NOT send any copies to opposing counsel.**

**If you need additional space, you may attach separate sheets, and reference the item number.**

1. Case number and caption: .....
2. Name of counsel filing the statement: .....
3. Party represented: .....
4. Case type and a brief description of the facts that caused the initial dispute, including any injuries on which the claim for compensation is based, if it applies: .....  
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5. Superior Court judgment/ruling on the case: .....  
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6. Major issues on appeal: .....  
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7. Any past settlement offers that have been made, and the current status of settlement discussions: .....  
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.....

Case Number: \_\_\_\_\_

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8. Important factors affecting your client's chances for success on appeal: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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9. Your client's top priorities/interests: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

10. Any other related issues or information that may assist the Mediator in the resolution of this case, including involvement of any third parties that need to be present during settlement discussions to be able to reach decisions: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does your client need translator services? ☐ No ☐ Yes, in \_\_\_\_\_ language.

I certify that the information provided in this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a copy of the relevant orders, memoranda, and opinions from which this appeal has been taken.  
The appellant should also attach a copy of the Superior Court's written decision or order.**

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Resolution Division, JM Annex, 500 Indiana Avenue, N.W., Washington, D.C. 20001.  
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